

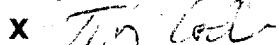
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Collins Law Office, LLC
 c/o Tim Collins, Manager
 4021 Deveaux Street.
 Niagra Falls, NY 14305

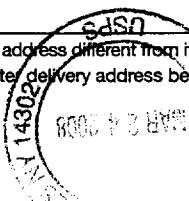
07cv97 Alias S + And Cmp

COMPLETE THIS SECTION ON DELIVERY**A. Signature**


Agent
 Addressee

B. Received by (Printed Name)**C. Date of Delivery**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

**3. Service Type**

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**2. Article Number
 (Transfer from service label)**

7007 1490 0000 9558 3431

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540